COUNTRY PLACE CONDOMINIUM OWNER REGISTRATION

*If leased a copy of your fully executed lease between you and your tenant must be attached to this form along with the attached Country Place lease rider exhibit A.

No Leasing of a unit during the first year of ownership!

PROPERTY ADDRESS:	
Number of bedrooms:	1{} 2{} 3{}
PROPERTY OWNER	INFORMATION*
[] Individual Owner [] Partnership [] Co	rporation or LLC [] Trust agreement
*Partnership, Corporations or LLC and Trust Types- P and address of each officer, director, s	
OWNER NAME:	
OWNER MAILING ADDRESS:	
CITY, STATE, ZIP:	
HOME PHONE:	
CELL PHONE:	
EMAIL:	
OCCUPANT INI	FORMATION
Residential units are limited to occupancy by single far individuals living together as a single, non-comment together with a common kitchen and dining area as de Egg Harbor building official may occupy a unit. No r	rcial, non-profit household, cooking, and eating esignated on the building plans of the Township of
*TENANT: PHONE NUMBER	EMAIL
NAME:	Age:
NAME:	Age:
NAME	Age:
NAME:	Age:

(Signature page on reverse side to be signed by owner)

By signing below, I, the owner of the aforementioned proper statements contained in this document are true and correct tunderstand that I have reviewed the Rules and owner Restrict with the terms and conditions outlined.	to the best of my knowledge. I further
Signature of Owner	Date
Please return all signed and required documents to:	
COUNTRY PLACE CONDOMINIUM ASSOCIATION, INC 6640 Black Horse Pike ADMINISTRATORS OFFICE EGG HARBOR TWP, NJ 08234	
Phone: 609-641-7870 Fax: 609-383-3913 Email: office@countryplacecondos.org	
FOR OFFICE USE ON	ILY
Received: By: Date:	
Approved:	
Rejected Reason:	·
For and on behalf of Country Place Condominium	